

REQUEST FOR MOTOR TRANSPORTATION

(APVR-RDL-OST)

INSTRUCTIONS FOR USARAK FORM 248**ALL INFORMATION, EXCEPT BLOCK 13 WILL BE EITHER TYPED OR PRINTED**

- Block 1: Add supplemental address information to insure delivery to TMP.
- Block 2, 3: Self explanatory.
- Block 4: Individual requesting transportation services.
- Block 5, 6: Self explanatory.
- Block 7: Activity which requires transportation.
- Block 8: Self explanatory.
- Block 9: If TMP provides driver, will driver be required to wait for further transport?
- Block 10: Required for dispatcher information, Blocks a-e are self explanatory.
- Block 11: Enter fund cite for reimbursable support.
- Block 12: Self explanatory.
- Block 13: Name and telephone number of the requester's transportation coordinator.
- Block 14: Signature of individual listed in block 13.
- Block 15: For TMP use only, blocks a-e are self explanatory.

REQUEST WILL BE SUBMITTED IN DUPLICATE. AFTER THE TMP COMPLETES BLOCK 15, THE INDIVIDUAL IN BLOCK 4 WILL BE NOTIFIED

REQUEST FOR MOTOR TRANSPORTATION

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1. TO:		TMP		2. DATE WANTED	3. TIME WANTED
4. REQUESTED BY (NAME)		TELEPHONE #		5. DRIVER REQUIRED () YES () NO	6. DATE/TIME RETURN
7. REQUESTED FOR (ORGANIZATION)		TELEPHONE #		8. # PASSENGERS	9. WAIT () YES () NO
DISPATCH INFORMATION	10. a. POINT OF CONTACT			15. FOR TMP USE ONLY	
	b. PICKUP AT BUILDING #			a. () APPROVED () DISAPPROVED	
	c. DELIVER TO BUILDING #			b. DATE/TIME REQUEST RECEIVED	
	d. POST TO BE DELIVERED TO			c. REQUEST RECEIVED BY:	
	e. TYPE AND AMOUNT OF CARGO			d. TYPE VEHICLE AND TMP #	
11. PURPOSE OF TRIP				e. COMMENTS	
12. FUND CITE					
13. TRANSPORTATION COORDINATOR		TELEPHONE #			
14. SIGNATURE					